

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 07589383	FILING DATE					
							APPLICANT(S)						
8-23-87 8-19-85 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3							53						
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49							99						
50							100						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	0		1		5		TOTAL DEP.						
TOTAL CLAIMS	1		2		6		TOTAL CLAIMS						

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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